

1. DATE OF INCIDENT 10-OCT-2011		TIME 10:28:00		2. ADDRESS OF OCCURRENCE 3822 W ROOSEVELT RD CHICAGO, IL 60624				3. LOCATION CODE 200		4. BEAT/OCCUR 1133																																									
MEMBER INVOLVED	5. POSITION 9161		6. LAST NAME MERCADO		7. FIRST NAME ALEXANDER		8. STAR NO. 7200		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE [REDACTED]		12. HT. 510		13. WT. 195																																		
	14. DATE OF APPT. 01-SEP-2010		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 044 1011		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																																								
	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. [REDACTED]		26. HT. 507		27. WT. 150																																				
SUBJECT INFORMATION	28. TELEPHONE NO. [REDACTED]		29. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		30. HANDS/FISTS <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No																																										
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]		34. BY WHOM? [REDACTED]		35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid																																														
	36. CHARGES PLACED 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/19-1-A		37. CB NO. [REDACTED]		IR NO. [REDACTED]																																														
REASON FOR USE OF FORCE (Check all that apply)	38. DNA <input type="checkbox"/>		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE REGISTER		ACTIVE REGISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE																																				
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		OTHER <input type="checkbox"/>		FLED <input checked="" type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		OTHER <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/>		OTHER <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>		WEAPON <input type="checkbox"/>		OTHER <input type="checkbox"/>																								
	MEMBER PRESENCE <input checked="" type="checkbox"/>		VERBAL COMMANDS <input checked="" type="checkbox"/>		ESCORT HOLDS <input type="checkbox"/>		WRISTLOCK <input type="checkbox"/>		ARMBAR <input type="checkbox"/>		PRESSURE SENSITIVE AREAS <input type="checkbox"/>		CONTROL INSTRUMENT <input type="checkbox"/>		OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		OTHER <input type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		CANINE <input type="checkbox"/>		TASER (Probe Discharge) <input checked="" type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>		TASER (Laser Targeted) <input checked="" type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>		OTHER <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		KICKS <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input type="checkbox"/>		OTHER <input type="checkbox"/>
WEAPON DISCHARGE INCIDENT	39. DNA <input type="checkbox"/>		40. ADDITIONAL INFORMATION TASER PROBE DISCHARGED MISSED OFFENDER.		POSITION [REDACTED]		STAR NO. [REDACTED]		UNIT [REDACTED]																																										
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Night <input type="checkbox"/> 02 Dawn <input type="checkbox"/> 03 Dusk <input type="checkbox"/> 04 Poor Artificial <input type="checkbox"/> 05 Good Artificial		44. WEATHER CONDITIONS CLEAR		45. MAKE/MANUFACTURER [REDACTED]		46. MODEL [REDACTED]		47. BARREL LENGTH [REDACTED]		48. CALIBER/GAUGE [REDACTED]																																				
	49. TASER DART ID NO. C310009A8		50. WEAPON SERIAL NO. (Include Letters) X00573466		51. CHICAGO GUN REG. NO. [REDACTED]		52. IL FIREARM OWNER ID. NO. [REDACTED]		53. HANDGUN CERTIFICATE NO. [REDACTED]		54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		55. PROPERTY INVENTORY NO. [REDACTED]		56. TYPE OF AMMUNITION USED [REDACTED]		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]																																
CASE INFO.	59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																																						
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																																												
	70. EVENT NO. [REDACTED]		71. RD. NO. [REDACTED]																																																
SIGNATURES	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.		NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV.		Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																																														
	73. REPORTING MEMBER (Print Name) MERCADO, ALEXANDER		STAR/EMPLOYEE NO. 7200		SIGNATURE [REDACTED]																																														
	74. REVIEWING SUPERVISOR (Print Name) MC CALL, DANIEL P		STAR NO. 1786		SIGNATURE [REDACTED]		DATE REVIEWED 10-OCT-2011 11:55:29		TIME 11:55:29																																										

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

The subject related that he was with another "fat guy" and were placing itemd from a trash bin into his vehicle. He related that he tried to escape but police caught him. He acknowledged that police discharged a taser, but it "didn't stick to me."

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The force application in this incident was lawful, reasonable and effective in neutralizing the force aggression by the subject against the police. It also prevented the subject from defeating his arrest through resistance and escape.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1049182 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

ANDREWS, JOHN R

SIGNATURE

DATE COMPLETED

TIME

10-OCT-2011 13:07:12

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

80. TOTAL TRR's THIS EVENT No.

☐ CASE REPORT

☒ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

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☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)